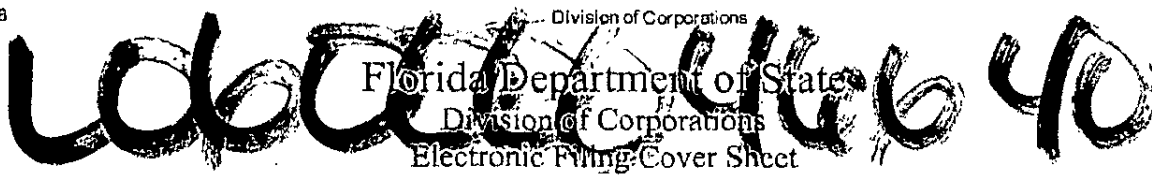


9/23/2016



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000236901 3)))



H160002369013ABC

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : GULATI LAW
Account Number : I20130000014
Phone : (407)900-5054
Fax Number : (407)517-4931

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: office@gulatilaw.com

16 SEP 23 AM 9:31
RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FL 32304

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
LAAN HOSPITALITIES LLC**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$25.00 |

2016 SEP 23 AM 10:38

TALLAHASSEE, FLORIDA

SEP 26 2016

S. YOUNG

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Corporate Filing Menu

Help

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LAAN HOSPITALITIES LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Authority and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SARAH GULATI

Name of Person

Premier Florida Title, LLC

Firm/Company

479 Montgomery Place

Address

Altamonte Springs, FL 32714

City/State and Zip Code

processor@premierfloridatitle.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sarah Gulati

Name of Person

at (407)

Area Code

900-5054

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

CR2E138 (2/14)

16 SEP 23 AM 9:31
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following statement of authority:

FIRST: The name of the limited liability company is: LAAN HOSPITALITIES LLC

SECOND: The Florida Document Number of the limited liability company is: L06000046640

THIRD: The street address of the limited liability company's principal office is:

1623 SW 1st Avenue

Ocala, FL 34471

The mailing address of the limited liability company's principal office is:

1623 SW 1st Avenue

Ocala, FL 34471

FOURTH: This statement of authority grants or sets limitations of authority on all persons having the status or position of a person in a company, whether as a member, transferee, manager, officer or otherwise or to a specific person on the following:

1. May execute an instrument transferring real property held in the name of the company.

a. Granted to: K. Reddy; V. Reddy

b. No authority granted to: n/a

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

a. Granted to: K. Reddy; V. Reddy

b. No authority granted to: n/a

Signature of authorized representative

Dr. Kuchakulla N. Reddy & Vishnu Reddy
Typed or printed name of signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

16 SEP 23 AM 9:31

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA